

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. DEP 5169
(only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Missoum Moumene
		Title Intervertebral Disc Having Articulation and Shock Absorption
		Express Mail Label No. 5434 333140081 US

APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 19] (Preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 5]</p> <p>5. Oath or Declaration [Total Pages 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies </p>		

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other-Express Mail Certificate

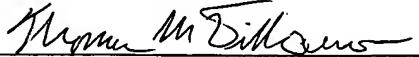
<p>18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed .</p>		
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Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below		
Name:	Philip S. Johnson, Esq.	
Address:	Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA	

20. TELEPHONE CONTACT		
Please direct all telephone calls or telefaxes to Thomas M. DiMauro at:		
Telephone:	(508) 880-8401	Fax: (508) 828-3789

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	Thomas M. DiMauro	Reg. No. 35,490
SIGNATURE		
DATE	10.8.03	

03917 U.S. PTO
10/681473



FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	Herewith
	First Named Inventor	Missoum Moumene
	Group Art Unit	
	Examiner Name	
Attorney Docket Number	DEP 5169	

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	20 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 750.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/DEP5169/TMD in the amount of \$750.00.
 Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/DEP5169/TMD. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>	
Typed or Printed Name	Thomas M. DiMauro	Reg. No. 35,490	
Signature	<i>Thomas M. DiMauro</i>	Date: 10- 8-03	Deposit Account No. 10-0750

DOCKET NO. DEP-5169

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Moumene et al.

For : Intervertebral Disc Having Articulation and Shock Absorption

Express Mail Certificate

54334

"Express Mail" mailing number: 333149881 US

Date of Deposit: *10/8/03*

I hereby certify that this complete application, including specification pages, claims, drawings, Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Karen Day

(Typed or printed name of person mailing paper or fee)

Karen Day

(Signature of person mailing paper or fee)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Notice of Allowance:
Batch No. :
Serial No. :

Applicants: Moumene et al.

Filed : Herewith

For : Intervertebral Disc Having Articulation and Shock Absorption

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

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(Date of Deposit)

DePuy Spine, Inc.
Name of applicant, assignee, or Registered Representative

Karen Day
(Signature)

10-8-03
(Date of Signature)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF FORMAL DRAWINGS

Attention: Official Draftsman

Sir:

Applicants herewith submit one set of photocopies of five (5) sheets of formal drawings in connection with the above -identified patent application.

Please charge any fees which may be required for this submission to Johnson & Johnson Deposit Account No. 10 -0750/DEP5169/TMD. Three copies of this sheet are enclosed.

Respectfully submitted,

Thomas M. DiMauro

Thomas M. DiMauro
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Reg. No. 35,490

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